

Adopted	Rejected
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COMMITTEE REPORT

YES:	8
NO:	3

MR. SPEAKER:

Your Committee on Public Health, to which was referred Senate Bill 566, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill **be amended** as follows:

1 Page 1, between the enacting clause and line 1, begin a new
 2 paragraph and insert:
 3 "SECTION 1. IC 12-15-13-4 IS ADDED TO THE INDIANA CODE
 4 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
 5 1, 2007]: **Sec. 4. The office or a contractor of the office may not,**
 6 **during a state biennial budget period, reduce the rate of**
 7 **reimbursement to a Medicaid provider for a service that is**
 8 **reimbursable under the Medicaid program if the office has**
 9 **reverted to the state general fund any money appropriated to the**
 10 **office for the Medicaid program during the previous state fiscal**
 11 **year.**
 12 SECTION 2. IC 12-15-13-5 IS ADDED TO THE INDIANA CODE
 13 AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY
 14 1, 2007]: **Sec. 5. (a) Notwithstanding any other law, the office or a**
 15 **contractor of the office shall accept a Medicaid claim for a**

1 **Medicaid recipient, including a Medicaid waiver recipient, for a**
 2 **service that is reimbursable under the Medicaid program for the**
 3 **Medicaid recipient for three (3) years after the date the service was**
 4 **provided.**

5 **(b) The office or a contractor of the office may not deny a**
 6 **Medicaid claim submitted by the office solely on the basis of:**

7 **(1) the date of submission of the claim;**

8 **(2) the type or format of the claim form; or**

9 **(3) a failure to provide proper documentation at the point of**
 10 **sale that is the basis of the claim;**

11 **if the claim is submitted by the Medicaid provider within three (3)**
 12 **years after the date the service was provided as required in**
 13 **subsection (a).**

14 **(c) The office or a contractor of the office shall pay a Medicaid**
 15 **claim submitted under this section at a rate equal to the highest**
 16 **rate of a state employee health plan, as defined in IC 5-10-8-6.6".**

17 Page 1, line 4, before "(3)" insert "**three**".

18 Page 1, line 11, delete "point-of-sale" and insert "**point of sale**".

19 Page 2, delete lines 33 through 42, begin a new paragraph and
 20 insert:

21 "SECTION 6. IC 12-19-7.5-1 IS AMENDED TO READ AS
 22 FOLLOWS [EFFECTIVE JULY 1, 2007]: Sec. 1. As used in this
 23 chapter, "children's psychiatric residential treatment services" means
 24 services that are:

25 (1) eligible for federal financial participation under the state
 26 Medicaid plan; and

27 (2) provided to individuals less than twenty-one (21) years of age
 28 who are:

29 (A) eligible for services under the state Medicaid plan;

30 (B) approved by the office **as eligible** for admission to and
 31 treatment in a private psychiatric residential treatment facility;
 32 and

33 (C) **either** residing in a:

34 (i) private psychiatric residential facility for the purposes of
 35 treatment for a mental health condition, based on an
 36 approved treatment plan that complies with applicable
 37 federal and state Medicaid rules and regulations; **or**

38 (ii) **less restrictive setting and participating in a federally**

1 **approved community alternatives to psychiatric**
2 **residential treatment facilities demonstration grant that**
3 **provides safe, intensive, and appropriate services under**
4 **an approved treatment plan that complies with federal**
5 **and state Medicaid law."**

6 Delete page 3.

7 Renumber all SECTIONS consecutively.

(Reference is to SB 566 as printed February 9, 2007.)

and when so amended that said bill do pass.

Representative Brown C